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Bib Data Sheet

CONFIRMATION NO. 5980

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|--|---|-------------------------------|---|---|
| SERIAL NUMBER 09/723,349 | FILING DATE 11/27/2000 RULE | CLASS 709 | GROUP ART UNIT 2152 | ATTORNEY DOCKET NO. E035 1040 |
| APPLICANTS Mark C. Bloomfield, Marietta, GA; <i>KP</i> | | | | |
| ** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/229,317 08/30/2000 <i>KP - 9-27-01</i> | | | | |
| ** FOREIGN APPLICATIONS ***** <i>KP</i> | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/26/2001 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Allowance</i> Examiner's Signature _____ Initials _____ | | STATE OR COUNTRY GA | SHEETS DRAWING 15 | TOTAL CLAIMS 10 |
| | | | INDEPENDENT CLAIMS 2 | |
| ADDRESS WOMBLE CARLYLE SANDRIDGE & RICE P.O. Box 725388 Atlanta, GA 31139-9388 | | | | |
| TITLE Personal digital assistant facilitated communication system | | | | |
| FILING FEE RECEIVED 420 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |